

CLAIMS ONLY

Application Number

10/620,361

.. Filling Date

Applicant(s)

CLAIMS	AS FILED 5/23/19		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3	X					
4		/				
5		/				
6		/				
7	/					
8		/				
9	X					
10		/				
11		/				
12		/				
13		/				
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44						
45						
46						
47						
48						
49						
50						
Total Indep	2					
Total Depend.	11					
Total Claims	13					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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100						
Total Indep						
Total Depend						
Total Claims						